1998

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 1998

Federal Employer Identification Number	eral Employer Identification Number			VOUCHER #1		
			Due Date: April 15,1998			
Name of Corporation, Partnership, or Tax-Option (S) Corporation Street Address			AMOUNT OF PAYMENT	\$		
			Disease do not etable years pourport to this yearshor			
			Please do not staple your payment to this voucher. Make your check payable to and mail to:			
City	State	Zip Code	Wisconsin Department of Revenue			
			P.O. Box 8912			
			,	DC-046		
1998 W	isconsin (Composite Esti	mated Tax Voucher			
CN FC		-	, Partners, or Shareholders			
			CNS for Calendar Year 1998			
Federal Employer Identification Number			VOUCHER #2			
			Due Date: June 15,1998			
Name of Corporation, Partnership, or Tax-0	Option (S) Corpo	ration	AMOUNT OF PAYMENT	\$		
Street Address			AMOONT OF TATMENT	Ψ		
Street Address			Please do not staple your payment to	o this voucher.		
City	State	Zip Code	Make your check payable to and mail to:			
			Wisconsin Department of Revenue P.O. Box 8912			
			Madison, WI 53708-8912			
				DC-046		
1998 W	isconsin (Composite Esti	mated Tax Voucher			
CNIC		-	, Partners, or Shareholders			
			CNS for Calendar Year 1998			
Federal Employer Identification Number			VOUCHER #3			
				Due Date: September 15,1998		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$		
Street Address			Please do not staple your payment to	o this voucher.		
City	State	Zip Code	Make your check payable to and n			
	Ciaio	2.5 3000	Wisconsin Department of Revenue			
	1	1	P.O. Box 8912 Madison, WI 53708-8912			
				DC 04/		

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Wisconsin Composite Estimated Tax Voucher

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 1998

Federal Employer Identification Number	er	VOUCHER #4 Due Date: January 19, 1999			
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address		Please do not staple your payment to this voucher.			
City	State	Zip Code	Make your check payable to and mail to:		
		Zip Gode	Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912		
				DC-046	
	r Nonresident A ng Form 1CNA,	Athletes, Directors	mated Tax Voucher , Partners, or Shareholders CNS for Calendar Year 1998 VOUCHER #5 — EXTENSION PAY	MENT	
			Due Date: April 15, 1999		
Name of Corporation, Partnership, or 1	Tax-Option (S) Corpo	AMOUNT OF PAYMENT	\$		
Street Address		Please do not staple your payment to this voucher.			
City	State	Zip Code	Make your check payable to and mail to:		
Oity	Oldio	219 0000	Wisconsin Department of Revenue		
		L	P.O. Box 8912 Madison, WI 53708-8912		
		1	P.O. Box 8912	DC-046	